**Table 1**: Number of patients included in the study each month

| Months | 1 | 2 | 3 | 4 | 5 | 6 | 7 | 8 | 9 | 10 | 11 | 12 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|
| ACS | 4 | 3 | 3 | 3 | 4 | 4 | 5 | 4 | 5 | 6 | 5 | 4 |
| Controls | 4 | 4 | 4 | 5 | 5 | 4 | 2 | 4 | 5 | 4 | 4 | 5 |

ACS: Acute coronary syndrome group

**Table 2:** Baseline Characteristics of the patient and the control group

| Parameters | ACS (n=50) | Control (n=50) | P value |
|---|---|---|---|
| Age (mean±SD) | 57,2 ± 8,4 | 54,5 ± 7,5 | 0,127 |
| Gender (Males/Females) | 31/19 | 31/19 | 1,000 |
| Diabetes Mellitus | 22 (44%) | 11 (22%) | **0,033** |
| Hypertension | 22 (44 %) | 19 (38%) | 0,684 |
| Smoking | 24 (48%) | 10 (20%) | **0,006** |
| Hyperlipidemia | 30 (60%) | 20 (40%) | 0,072 |
| Family History | 21 (42 %) | 19 (% 38 ) | 0,838 |
| BMI (kg/m$^2$) | **28,81 ± 3,31** | **28,66 ± 3,71** | **0,841** |
| ACE inhibitor/ARB | 16 (32% ) | 17 (34%) | 1,000 |
| B-Blocker | 10 (20%) | 5 (10%) | 0,263 |
| Diuretics | 9 (18% ) | 9 (18%) | 1,000 |
| CCB | 3 (6% ) | 4 (8% ) | 1,000 |
| Statins | 6 (12% ) | 2 (4 %) | 0,269 |
| ASA | 8 (16% ) | 10 (20%) | 0,795 |
| OAD | 9 (18% ) | 5 (10% ) | 0,253 |
| Insulin | 2 (4% ) | 1(2% ) | 1,000 |

BMI: body mass index, ACE : angiotensin converting enzyme, ARB: angiotensin receptor blocker, CCB: calcium channel blocker, ASA : acetyl salisilic acid, OAD: oral antidiabetic

**Table 3**: Biochemical measurement of the ACS and the control group

| Parameters | ACS | Controls | P value |
|---|---|---|---|
| 25 (OH) D (ng/ml) | 14,77 ± 7,88 | 23,48 ± 10,82 | **<0,001** |
| PTH (mIU/mL) | 58,78 ± 33,42 | 46,25 ± 16,21 | 0.131 |
| Calcium (mg/dl) | 8,82 ± 0,35 | 9,15 ± 0,42 | **<0,001** |
| Phosphorus (mIU/mL) | 3,30 ± 0,71 | 3,25 ± 0,56 | 0,537 |
| ALP (mIU/mL) | 73,334 ± 16,29 | 70,55 ± 18,11 | 0,422 |

25(OH) D: 25 hydroxy vitamin D, PTH: parathyroid hormone, ALP: Alkaline Phosphotase, ACS: Acute Coronary Syndrome group, p value <0.05 was considered significant

**PP-078**

**Predictors of Major Adverse Cardiovascular Events by Combining Clinical Data with Non-Invasive Screening Methods**

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**Aim:** The aim of the study was to evaluate the predictors of major adverse cardiovascular events in a prospective population based study, with the use of bioempedance analysis, echocardiography, ultrasonography and ECG.
**Methods:** The baseline measurements were conducted on 2230 participants (1427 women, 803 men with a mean age of 49). The follow-up was done 36 months after the baseline admission via telephone call. Major adverse event was defined as cardiovascular mortality or myocardial infarction or stoke. Mean age at entry was 50±15 years (mean±SD). Follow-up data was possible in 1495 participants (65%).
**Results:** During the follow-up of 36 months (4485 patient years), 42 major adverse events occurred. Among them, 16 were death (1 stoke, 2 cancer, 13 cardiac related), 12 were stroke and 14 were myocardial infarction. Age, body mass index and atrial fibrillation were independent predictors of MAE; AF being the most powerful (Risk ratio 10.46; 95% confidence interval [1.73-63.14]; p=0.010).
**Conclusions:** Higher age, lower body mass index and atrial fibrillation were independent predictors of major cardiovascular events in Turkey.

| | OR | 95% CI | P value |
|---|---|---|---|
| **Age** | **1.05** | **1.01-1.09** | **0.009** |
| Hypertension | 1.23 | 0.48-3.16 | 0.673 |
| Coronary artery disease | 3.06 | 0.98-9.56 | 0.054 |
| COPD | 1.68 | 0.56-5.05 | 0.352 |
| **Body mass index** | **0.89** | **0.82-0.97** | **0.007** |
| Corrected CIMT | 4.28 | 0.86-21.38 | 0.076 |
| Ejection fraction | 1.01 | 0.95-1.07 | 0.805 |
| Diastolic dysfunction | 1.89 | 0.76-4.72 | 0.172 |
| Corrected QT wave duration | 1.01 | 0.98-1.02 | 0.919 |
| **Atrial Fibrillation** | **10.46** | **1.73-63.14** | **0.010** |
| Creatinine | 0.79 | 0.14-4.31 | 0.790 |

Logistic regression for prediction of major adverse events

**PP-079**

**Intrahospital Mortality at Internal Patients**

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**Introduction:** Accurate information about the cause of death is given by expert teams based on pathological or forensic expertise. Reliable information can be obtained from doctors from clinical-hospital institutions if the deceased person was treated in such an institution and with previously diagnosed disease (hospital mortality). Analysis of hospital mortality provides a lot of data that can be used in planning the hospital beds capacities, the amount of drug procurement, purchasing equipment, organization and creation of highly specialized medical teams (medical team for resuscitation), the number of reanimation techniques, the number of pathologists who are required for autopsy procedures, etc.
**Goal:** The Goal was to determine the total number of deaths, the most common causes of death and the 10 leading diagnoses of deceased patients at the Clinic for Internal Medicine of University Clinical Center in Tuzla during 2012.
**Material-Methods:** We used the material from the archive (medical records and reports on deceased patients, deliverd by physicians working at the Clinic for Internal Medicine of University Clinical Center in Tuzla.
**Results:** During 2012 ath Clinic for Internal Medicine hospitalised 6 476, and 349 patients died over this time period. According to the analyzed data leading cause of death and leading diagnosis as cause of death at the Clinic for Internal Medicine in 2012 were as follows: cerebrovascular disease in 68 (19.48%), heart failure (NYHA IV) in 44 (12.60%), acute myocardial infarction and myocardial infartion with rupture 43 (12.32%), cardiogenic shock in 27 (7.73%), sudden cardiac death in 24 (6.47%), multple organ failure in 23 (6.59%), hepatic comma in cirrhosis 22 (6.30%), respiratory insufficiency in 14 (4.00%), pulmonary embolism in 12 (3.43%), haemorrhagic shock (GIT) in 10 (2,86%), pulmonary edema in 8 (2.29%), cerebral coma (neoplasma) in 6 (1.71%), pulmonary heart in 5 (1.43%), neoplasm liver in 5 (1.43%), pancreatitis 4 (1.14%), renal failure in 4 (1.14%), ventricul fibrillation in 3 (0,85%), neoplasm pancreas in 3 (0.85%), ileus 3 (0.85%), malignant neoplasm of the abdomen 3 (0,85%), diabetes mellitus 3 (0,85%), tumor upper aerodigestive tract 3 (0,85%), thrombosis artery mesenterialis 2 (0,57%), and another deaths.
**Conclusion:** Durring 2012 at the Clinic for Internal Medicine od University Clinical Center in Tuzla hospitased 6 476, and died a total of 349 patients. The most common cause of death of patients at the Clinic for Internal Medicine of University Clinical Center in Tuzla are cardiovascular (n=68; 19.48% of deaths), in second place was cerebrovascular diseaase (n=146; 40,81% of deaths) fopr a total of 214 (60.29%) of deaths from cardiovascular and cerebrovascular disease.